

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/500359

FILING DATE

APPLICANT(S)

CLAIMS

CLAIM NUMBER	AS FILED						AFTER 1st AMENDMENT						AFTER 2nd AMENDMENT					
	IND.		DEP.		IND.		DEP.		IND.		DEP.		IND.		DEP.			
	1												51					
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46														96				
47														97				
48														98				
49														99				
50														100				
TOTAL IND.																		
TOTAL DEP.																		
TOTAL CLAIMS																		